

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914082

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		1			
4	2		1			
5	11		1			
6	8		1			
7	8		1			
8	8		1			
9	8		1			
10	8		1			
11	8		1			
12	8		1			
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TOTAL IND.	/		/			
TOTAL DEP.	13	↔	13	↔		↔
TOTAL CLAIMS	12	↔	12	↔	↔	↔

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS